PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 29, 1999  09 / 515 809														09	
CLAIMS AS FILED - PART I (Column 1) (Column 2)										ALL PE	ENTITY	OR	OTHER	THAN	
FOR			NUMBER FILED			NUMBER EXTRA			R/	TE	FEE	7	RATE	FEE	
BASIC FEE											345.00	OR		690.00	
TOTAL CLAIMS			minus 20=   •							9=	<u> </u>	OR	X\$18=		
INDEPENDENT CLAIMS			7 minus 3 = . 4						Y:	9=	┼		X78=	312	
MULTIPLE DEPENDENT CLAIM PRESENT											<del> </del>	OR		31 6	
* If the difference in column 1 is less than zero, enter "0" in column 2									+1: TO	30=	<u> </u>	OR	+260=		
	3-22-04 CLAIMS AS AMENDED - PART II										<u> </u>	JOR	TOTAL	100S	
(Column 2) (Column 3)									SM	ALL	ENTITY	OR	OTHER SMALL		ĺ
AMENDMENT A		REM	AIMS IAINING FTER NOMENT		PE	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI: TIONAL FEE		
	Total	• :1	2.	Minus	••	20.	- 0	11	X\$	9±		OR	X\$18=	Q.	Ċ
	Independent	•	5: ::	Minus .	•••		- 0		X39=	<del></del>	OR	X78=	0	#	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							]				10"		0	
8-5-04									+13	OTAL	<u> </u>	OR	+260=		
	8-7		uma 1\			'aluma ()	(Caluma (		ADDIT			OR	ADDIT. FEE	$\mathcal{O}_{-}$	
AMENDMENT B	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING CARE NUMBER DESERT										ADDI-	1	•	ADDI-	
		A	TEO		NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE		
	Total	· /	0	Minus	<u></u>	20	- 0	IJ.	X\$	9=		OR	X\$18=	0	
	Independent	·	<u></u>	Minus	***		1-0	┦┨	ХЗ	9=		OR	X78=	0	
	FIRST PRESE	IN OF MC	·	┚┃	+13	0=		OR	+260=	6					
	4-15-05									DYAL	·	OR	TOTAL	Ö	
	4-13			ADOIT.	FEE		,	ADDIT. FEE							
AMENDMENT C		a	umn 1) Aims Aining	: .		iolumn 2) HIGHEST NUMBER	(Column 3	T r			ADDI-	l.		ADDI-	
		AF	TER IDMENT		PR	NUMBER LEVIOUSLY PAID FOR	PRESENT EXTRA		RA	re	TIONAL FEE		RATE	TIONAL FEE	
	Total `	• /	0	Minus	**	<i>a</i> 0	• 0	] [	· X\$	9 <del></del> .	,,,,,	OR	X\$18=	^	
	Independent	•		Minus	***		• 0	]	X39				X78=	<u> </u>	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											OR		0	
١.,	f the entry in art.	ma t le l	ess than th	a entry in orbi	me 9	write TT in col	hma 3	L	+13			OR	+260=	0	
If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR  ADDIT. FEE  OR  ADDIT. FEE												Q			
	The Highest Nur	ber Pre	iously Pai	d For (Total o	Inde	pendent) is the	highest numi	ber lou	nd in t	he ap	propriate box	ı in col	umn 1.		

FORM PTO-015 (Rev. 12/99)

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Application or Docket Number

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